

Shalom Home Care Limited

# Shalom Home Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Shalom Home Care Limited is a domiciliary care agency. It provides the regulated activity of personal care to older people, people with learning disabilities, and physical disabilities, living in the community in their own houses and flats.

At the time of the inspection, 35 people received personal care from Shalom Home Care Limited.

People's experience of using this service:

People did not always receive safe care. At our last inspection in October 2016, we found inconsistencies with medicines policy and procedures. At this inspection, we found there were still problems in this area.

Staff were administering medicines without recording the information accurately.

Audits used were not always effective. Medication administration records were not properly checked, and mistakes were not always found and acted upon.

Care plans did not always reflect people likes dislikes and preferences.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

People told us that staff arrived mostly on time, and they received the support they required.

Staff were trained to support people effectively.

Staff were supervised and felt confident in their roles.

When required, people were supported by staff to prepare food.

When required, people had support with healthcare arrangements.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

People were supported in the least restrictive way possible.

People and their family were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required

The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: GOOD published November 2016.

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Enforcement Action we told provider to take (refer to end of full report)

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Shalom Home Care Limited

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Shalom Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats and provides a service to a range of adults. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run, and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection started on the 30 April 2019 by visiting the office location to meet with the registered manager and review records, policies and procedures. On 1 May 2019 we made telephone calls to people using the service and staff.

#### What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked

at other information received from the provider, such as statutory notifications about events the provider must notify us about. We also reviewed feedback from other professionals who work with the service. We took all the information into account when we inspected the service and making the judgements in this report.

During our inspection we spoke with three people using the service, two relatives of people using the service, two care staff, the care co-ordinator, and the registered manager. We reviewed the care records for five people using the service, and other records relating to the management oversight of the service. These included three staff recruitment files, staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe. A regulation was not met.

At our last inspection in October 2016, this key question was rated "requires improvement". This was because we found evidence that medicines were not always managed correctly, and the on-call phone system was not always effective. At this inspection, some improvements had been made, but the medicine administration was still not being managed correctly, and a breach of regulation had occurred. The rating therefore remains requires improvement within this domain, and the overall rating had deteriorated to requires improvement.

### Using medicines safely

- Medicines were still not being managed correctly. We saw several examples of care planning which explained how staff applied topical medication to people regularly. No medication administration records (MAR) were being used for these people.
- Several care plans we looked at stated that people had 'cream' applied, but did not state anywhere what type of cream this was, or what it was for.
- We saw a MAR was being used for one person, but was not filled out correctly. The name, type or amount of medication was not recorded. Several staff signatures were missing, with no explanation as to why medicines were not administered at these times.
- This meant that people were not being safely supported with the administration of medicines, as records were not being accurately kept.

This was a breach of Regulation 12(2)(g) safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with confirmed they felt safely supported by the staff that visited them. One person told us, "The care is very good, I feel very safe and comfortable."
- Staff confirmed they received safeguarding training, they were knowledgeable about the different types of abuse and how to report any concerns.
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken ensure people's safety.

### Assessing risk, safety monitoring and management

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. Assessments included manual handling risks, personal care, the use of equipment, and infection control.
- Both people and relatives we spoke with told us they thought that risk was assessed safely, and that all care tasks were carried out by staff who followed procedure and understood what risks were present.

### Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- People and relatives told us they felt there were enough staff working for the service, as they did not have any missed calls, and staff were usually on time to visit them. One person said, "On the whole it's very good, they are on time."
- People told us they mostly received the same staff member consistently. One person said, "It's good at the moment. It used to change quite a bit, but I see the same staff member now."
- People told us if they needed to contact the office, they were able to do so by phone, and the staff would respond to them promptly.

### Preventing and controlling infection

- People told us that staff followed infection control procedures.
- Staff told us, and records showed they received infection control training.
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

### Learning lessons when things go wrong

- Incidents and accidents were recorded by staff accurately. We looked at these records and saw that appropriate actions were taken during any accident, and follow up actions were taken when required to learn from any accidents.
- Staff told us if anything did occur they were confident the registered manager would share learning through team meetings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received pre- assessments before receiving any care. The registered manager told us the care coordinator would complete assessments with people and their family when required, to make sure that the staff were able to provide the correct care and fully understand their needs. This process ensured that the service only supported people with needs they were able to meet.
- Staff understood people's individual preferences, and routines. They confirmed they had time to read people's care plans and that changes to people's needs were communicated to them effectively.

Staff support: induction, training, skills and experience

- People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. All staff received an induction training package before starting work which included the care certificate. The care certificate covers the basic standards required for care.
- Ongoing training was provided to staff to make sure their knowledge was up to date. This included specialist training when required, such as catheter care.
- The registered manager had not always managed to complete the amount of supervisions set out in the company policy. However, staff felt well supported and told us they received adequate supervision and regular spot checks. The registered manager intended to change the company supervision policy and improve records showing the contact and supervision with staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. One person told us, "The staff help me with breakfast every morning, they do a good job of it."
- Most people required minimal support in this area, but staff understood the support required and records reflected how people should be assisted with food preparation.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in partnership with other health and social care professionals to maintain people's health. For example, the care coordinator had recently met with an occupational therapist to discuss a person's ongoing care and support needs.
- Most people required minimal support in this area, as they were able to self manage their health or had family to support them. Staff understood the support people needed and records reflected people's health conditions and any support they required.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- Staff told us and records showed they received training on MCA. Staff understood the importance of supporting people to make choices, and people confirmed the staff always asked their consent before providing their care.
- The registered manager confirmed no people using the service were currently subject to any restrictions to their liberty under the Court of Protection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives we spoke with told us that staff members were friendly and caring. One person said, "The staff are excellent. The staff that comes to see me has become a friend as well as a carer. I couldn't hope for more." A relative said, "The staff member that comes here is very good and gets on with [name] really well. They are always very respectful."
- Staff told us they were able to get to know people well as they were able to consistently support the same people. One staff member said, "I really enjoy seeing [name] we get on really well and I have been caring for them for a long time."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives we spoke with told us they were involved in decision making about their care. People confirmed that staff regularly checked with them to see if any changes were required, and that the care plans in place were a good reflection of their needs.
- The registered manager said that people were regularly consulted and encouraged to feedback on their care, and express their views.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was always respected. For example, they described how staff ensured curtains and doors were closed when providing their personal care.
- People's independence was promoted by the staff. We saw that some people's care visits had reduced over time, as staff had been able to support them to become more mobile and carry out tasks safely for themselves.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff and management knew people well, and understood their likes and dislikes, however, this was not always recorded within care planning documents. Care tasks were recorded, but people did not always have a record of the things they enjoyed, likes, dislikes and personal history. The registered manager told us they were introducing a new electronic care planning system, and this information would be collated to go on it.
- People we spoke with felt that staff knew them well, and enjoyed their company.
- Care was personalised to each person to ensure their needs were met. The service supported several people who did not speak English as a first language. The management ensured the staff employed to care for these people were able to speak the person's preferred language, to ensure communication was effective. One relative told us, "We asked for a carer that could speak [name's] language, and they sorted it. It was important for us."
- The care coordinator told us staff had supported one person to become more mobile and physically fit, and become less reliant on daily care. They told us they were now able to carry out many tasks themselves, and had gained independence.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed and were confident their concerns would be listened to and acted upon as required.
- The people we spoke with said they had not had to make any formal complaints but would do so if needed.
- When complaints were made, we saw that the service followed a complaints policy and recorded and responded to each complaint promptly.

End of life care and support

- No end of life care was being delivered by the service. The registered manager was aware of what actions to take should someone require end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. A regulation was not met.

Continuous learning and improving care

- At our last inspection in Oct 2016 we raised concerns about the management of medicines. At this inspection we found that whilst some aspects had been improved, the administration of medicines was not being recorded properly.
- There were not sufficient audits in place to manage errors with MAR. When MAR were being used by staff and returned to the office, there was no oversight on these records, and no actions taken to address issues such as missed signatures or lack of adequate recording.
- Other systems in place such as the recording and oversight of training records, and the recording and oversight on staff supervision, were disorganised and did not always convey the up to date and relevant information required.

This was a breach of Regulation 17(2)(a) good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke with the registered manager about this who agreed the systems in place were not organised. They had recently implemented a new electronic care planning and record keeping system. This system was not fully in use at the time of inspection. However, the registered manager told us that once it was fully up and running, it would improve aspects of record keeping.
- Some other audits were in place and effective. These audits reviewed care notes made by staff as well as other records the service used.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they found the registered manager and office staff easy to contact and talk with. One person said, "I met the manager when I first started using the service, they came out to meet me. It's a very well-run company. If I ring the office they always pick up."
- the registered manager and care coordinator had a good knowledge and understanding of the people they were supporting, and knew them well.
- Staff all felt the service was well run. One staff member said, "The registered manager is always there when I need her. I feel very well supported."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles. The registered manager had employed a care coordinator and an office coordinator to support the running and management of the service. All the staff we spoke with understood

their responsibilities.

- The manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was regularly sought from people and relatives of people using the service, and this feedback was reviewed and analysed to make any required improvements.
- A staff member told us, "The communication between the whole team is good. I can feedback to the manager who will always listen." Staff felt that communication within the service was good, and enabled positive changes to be made.

Working in partnership with others

- The registered manager worked in partnership with others including the local authority who funded some people's care. Quality monitoring visits took place, which the registered manager was receptive to, and understood the areas for improvement that were identified.
- When required, the service worked in partnership with other health and social care professionals involved in people's care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicine administration records were not always used. When they were used, they were not being accurately completed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Audits and oversight on MAR was not sufficient. Other records such as training and supervision were disorganised.